

**PURULENT NASAL
DISCHARGES:
THEIR DIAGNOSIS AND
TREATMENT**

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Purulent Nasal Discharges: Their Diagnosis and Treatment by Herbert Tilley

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HERBERT TILLEY

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PURULENT NASAL DISCHARGES

THEIR

DIAGNOSIS AND TREATMENT

BY

^c
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PREFACE TO SECOND EDITION.

THE contents of the following pages form the second edition of the subject matter of a series of three lectures which first appeared in book form about twelve months ago; owing to the kindly way in which this little work was received I have been emboldened to prepare a second edition, which has entailed a careful revision and considerable extension of the first edition with the addition of six plates and many new illustrations.

My main object has been to present a concise and practical account of chronic suppuration of the nasal accessory cavities, concerning the symptoms, diagnosis and treatment of which, our knowledge has so greatly increased during recent years, but respecting which very scanty information is to be found either in our general surgical textbooks or even in most of the special treatises devoted to diseases of the nose. Part II. has been entirely relegated to this, the most difficult and interesting branch of nasal suppuration. Part I. has only been included in this edition in order that the work may be more complete and of some use to the general practitioner in the treatment of the more common forms

of nasal suppuration with which he has so often to deal.

I would ask for the indulgence of my readers in the somewhat frequent use of the personal pronoun, and possibly for the colloquial style of certain passages; my excuse must be that the matter was first delivered in the form of lectures and that I have endeavoured throughout to write almost entirely from my own practical experience.

In the course of the text will be found an acknowledgment of the kindness of friends who have lent me illustrations or otherwise helped me; I heartily thank them for their valuable assistance.

HERBERT TILLEY.

HARLEY STREET, W.

May, 1901.

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PURULENT NASAL DISCHARGES

THEIR

DIAGNOSIS AND TREATMENT.

INTRODUCTION.

To devote a treatise, however small, to such a limited subject as the one in hand, might at first sight seem worthy of an apology from the author. Such indeed would be the case if the object of the following pages was to deal with, and unduly magnify, the importance of some pathological curiosity whose chief virtue lay in its rarity or in our ignorance of its nature and its influence upon the well-being of the economy.

Of purulent nasal discharges it may be said, that they certainly are not uncommon, that they are of very considerable importance, and it may be added without fear of contradiction that the surgical treatment of some of the chronic suppurative affections of the nasal accessory cavities, has so vastly improved during the past ten years that rhinology may claim a foremost place in that general advance which, during this epoch, has characterised the surgical treatment of diseases of the more specialised organs of the body.

With regard to the frequency of nasal suppuration I need scarcely say anything, for the physician, surgeon, and general practitioner are constantly meeting with

such cases; they may occur at any period of life from the early weeks of infancy to adult years, but my own experience is that it is uncommon to meet with purulent nasal discharges in people over sixty years of age.

The importance of a purulent nasal discharge cannot be over-estimated when considered in its relation to the general well-being of the individual. We may glance for a moment at the case of a patient suffering from a chronic empyema of the maxillary antrum of a few months' duration. Under such conditions there exists a reservoir of pus which is often horribly offensive and teeming with many varieties of septic organisms in which the staphylococcus pyogenes aureus and albus and streptococci predominate. Week in, week out, morning, noon, and night, the contents of this reservoir of septic matter are constantly overflowing into the nose, and passing backwards into the pharynx, are swallowed. Fortunately, a certain amount of the poison is rendered harmless by the free hydrochloric acid of the gastric secretions, but when the quantity of pus is increased, the result is soon manifested in various forms of gastric catarrh and their associated symptoms of "indigestion." Dr. William Hunter has, in an able article,* pointed out that oral sepsis, more especially in connection with carious teeth, is a potent cause of many forms of ill-health, "septic gastritis, toxic neuritis and other septic conditions"; his arguments apply equally and with even more weight to purulent nasal discharges in which the dose of poison is often larger than in dental caries.

In such a case (antral empyema) as we are considering, the general health is often profoundly affected. The appetite is gone, while nausea, flatulence and pain

* *Practitioner*, Dec., 1900.